

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR UTILITY OR DESIGN PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NUCLEIC ACID IMMUNIZATION

the specification of which (check only one item below):

- ☐ is attached hereto, and was amended on _____ (if applicable).
- ☒ was filed as United States application number 10/751,103 on January 5, 2004
and was amended on _____ (if applicable).
- ☐ was filed as PCT international application number _____ on _____
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §§119 (a)-(d), 172 or 365(a) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

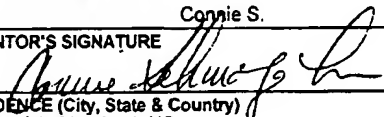
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §§119(a)-(d), 172 or 365(a):			
COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (MM/DD/YYYY)	PRIORITY CLAIMED UNDER 35 U.S.C. §§119, 172 or 365(a)
US	10/411,205	April 11, 2003	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
US	60/371,416	April 11, 2002	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby appoint the attorneys and agent(s) associated with the following PTO Customer Number of Burns, Doane, Swecker & Mathis, L.L.P. to prosecute said application and to transact all business in the Patent and Trademark Office connected therewith and to file, prosecute and to transact all business in connection with international applications directed to said invention:

Customer Number **2 1 8 3 9**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR

GIVEN NAME (first and middle (if any)) Connie S.		FAMILY NAME OR SURNAME SCHMALJOHN	
INVENTOR'S SIGNATURE 		DATE 25 June 2004	
RESIDENCE (City, State & Country) Fort Detrick, Maryland, US		CITIZENSHIP United States	
MAILING ADDRESS (Complete Street Address including City, State, Zip & Country) U.S. Army Medical Research Institute of Infectious Disease, 1425 Porter Street, Fort Detrick, Maryland 21702-5011			

NAME OF SECOND INVENTOR

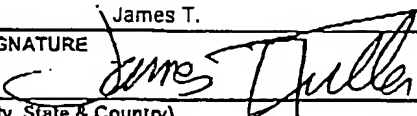
GIVEN NAME (first and middle (if any)) James T.		FAMILY NAME OR SURNAME FULLER	
INVENTOR'S SIGNATURE		DATE	
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NAME OF THIRD INVENTOR

GIVEN NAME (first and middle (if any))		FAMILY NAME OR SURNAME	
INVENTOR'S SIGNATURE		DATE	
RESIDENCE (City, State & Country)		CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State, Zip & Country)			

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GIVEN NAME (first and middle (if any)) Connie S.	FAMILY NAME OR SURNAME SCHMALJOHN
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INVENTOR'S SIGNATURE 	DATE 6/25/04
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NAME OF THIRD INVENTOR	
GIVEN NAME (first and middle (if any))	FAMILY NAME OR SURNAME
INVENTOR'S SIGNATURE	DATE
RESIDENCE (City, State & Country)	CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State, Zip & Country)	